

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

CYPR - PMO/008

CLAIMS AS FILED - PART I

(Column 1)	(Column 2)
TOTAL CLAIMS	49
FOR	NUMBER FILED
TOTAL CHARGEABLE CLAIMS	49 minus 20 = * 29
INDEPENDENT CLAIMS	8 minus 3 = * 5
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

IFW Amdt
5-10-04

CLAIMS AS AMENDED - PART II

(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	* 49	Minus ** 49 = <input checked="" type="checkbox"/>
Independent	* 8	Minus *** 8 = <input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

SMALL ENTITY TYPE		OTHER THAN SMALL ENTITY	
RATE	Fee	RATE	Fee
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	52.2
X42=		OR X84=	420
+140=		OR +280=	/
TOTAL		OR TOTAL	1682

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=	<input checked="" type="checkbox"/>	OR X\$18=	<input checked="" type="checkbox"/>
X42=	<input checked="" type="checkbox"/>	OR X84=	<input checked="" type="checkbox"/>
+140=	<input checked="" type="checkbox"/>	OR +280=	<input checked="" type="checkbox"/>
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B		AMENDMENT C			
(Column 1)	(Column 2)	(Column 3)	(Column 1)		
CLAMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	CLAMS REMAINING AFTER AMENDMENT		
Total	* Minus **	=	Total		
Independent	* Minus ***	=	Independent		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

AMENDMENT B		AMENDMENT C			
(Column 1)	(Column 2)	(Column 3)	(Column 1)		
CLAMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	CLAMS REMAINING AFTER AMENDMENT		
Total	* Minus **	=	Total		
Independent	* Minus ***	=	Independent		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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